

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

CASE MANAGEMENT SERVICES

A. Target Group: By invoking the exception to comparability allowed by 1915 (g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are: (see page 2)

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case management is defined as those activities which assist eligible individuals in gaining access to needed medical, social, educational and other support services. Consistent with the requirements of Section 1902 a (23) of the Act, the providers will insure that clients receive services to which they are referred. These activities may include but are not limited to: (see page 2)

E. Qualification of Providers:

Case management providers must be certified by the department as meeting the following criteria:

1. Demonstrate capacity to provide all core elements of case management services including:

- a. Comprehensive client assessment
- b. Comprehensive care/service plan development (see page 2)

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F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

A. continued from page 1

1. Aged 0-21 and meet the medical eligibility criteria of Children's Medical Services (CMS), the states Title V Crippled Children's Agency,
2. SSI-Disabled Children's Program Clients age 0-16, or
3. Aged 21 and over with a handicapping condition and who had received services from Children's Medical Services before their 21st birthday.
4. Not receiving case management services under an approved 1915(c) waiver program.

D. continued from page 1

1. assessment of clients' medical, social and functional status and identification of client service needs,
2. arranging for service delivery from the clients chosen provider to insure access to required services,
3. periodic review and reassessment of client functional status and service needs,
4. insure access to needed services by explaining the need and importance of services in relation to the clients condition,
5. insure access, quality and delivery of necessary services and,
6. preparation and maintenance of case record documentation to include service plans, forms, reports and narratives, as appropriate.

E. continued from page 1

- c. Linking/coordination of services
- d. Monitoring and follow-up of services
- e. Reassessment of the client's status and needs
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population.
3. Demonstrated experience with the target population. (See page 3)

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E. Continued from page 2

4. An administrative capacity to insure quality of services in accordance with State and federal requirements.
5. A financial management capacity and system that provides documentation of services and costs.
6. Capacity to document and maintain individual case records in accordance with State and federal requirements.
7. Consistent with Section 1902 a (23), demonstrate a capacity for referral to acute care facilities for patients with special health needs. Such facilities should have an average daily census of fifteen children, excluding normal newborn and neonatal intensive care patients. The facilities must also have defined pediatric units and preferably have pediatric intensive care centers and neonatal intensive care centers. The facilities must accept Medicaid patients.

Qualifications of Case Managers:

1. Licensed to practice as a registered professional nurse in the State of Florida and be employed as a community health nurse at the entry level or above, or
2. Hold a bachelors degree from an accredited university with emphasis in the areas of psychology, social work, health education or interdisciplinary sociology or
3. Able to demonstrate to the department that comparable qualifications are met.
4. The staff must have received approved departmental training appropriate to their area of speciality.

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TM No. 87-14

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: FLORIDA

CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who:
1. Are aged 0 to 18 and are Medicaid eligible.
 2. Have a serious emotional disturbance as indicated by:
 - a. A defined mental disorder diagnosable under DSM III-R or current edition.
 - b. A level of functioning of disability which requires two or more coordinated and integrated mental health services to enable the person to live in a home in the community and be successful in school.
 - c. The duration of the disability which will, in professional judgement, last for at least one year.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.

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/X/ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: Case management is defined as those activities which assist eligible individuals in gaining access to needed medical, social, mental, substance abuse, educational and other support services. These activities may include but are not limited to:

1. Assisting the eligible individual and his or her mental health professionals in obtaining the necessary assessment to adequately develop a plan of care;
2. Developing and reviewing the plan of care;
3. Assuring access to the needed services documented in the plan of care;
4. Monitoring and reviewing the plan of care with other mental health professionals;
5. Advocating for the eligible individual at service planning meeting;
6. Referring to service providers and establishing a linkage between providers for eligible individuals;
7. Assessing and reassessing the need for services;
8. Monitoring the quality of care;
9. Preparing and maintaining case record documentation to include service plans, forms reports and narratives as appropriate; and
10. Ensuring access to needed services by explaining the need and importance of the services in relation to the individual's condition.

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E. Qualifications of Providers:

1. Case management providers must be under contract with and certified annually by the Office of Alcohol, Drug Abuse and Mental Health as meeting the following criteria:
 - a. Have adequate administrative capacity to assure availability and accessibility of qualified case managers;
 - b. Have the ability to recruit qualified case management staff to serve the target group;
 - c. Have administrative capacity to insure quality of services in accordance with state and federal requirements;
 - d. Is community based and has established linkages with residential and non residential treatment services;
 - e. Have adequate in-service training capability to assure the competent case management knowledge, skills and abilities of all case managers;
 - f. Maintain programmatic records which show that the agency is able to develop and maintain assessment and services documentation; and
 - g. Have financial management capacity and systems that provide documentation of costs.
2. Individual case managers must be employed by an agency certified to provide case management services and who meet the following qualifications:
 - a. Must have a minimum of a baccalaureate degree from an accredited university, with emphasis in the areas of psychology, social work, health education or a related human services field;
 - b. Must have a minimum of one year of experience working with children who have serious emotional disturbances; or

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- c. Must be able to demonstrate that comparable degree and experience are met.
 - d. Must be knowledgeable of the residential and nonresidential resources available in the geographic area served.
 - f. Must demonstrate capacity to provide case management services.
 - g. Must be knowledgeable of, and comply with, the statutes, rules and policies which affect the target population.
 - h. Must have completed or complete within one year of enrollment as a case manager, Health and Rehabilitative Services approved case management training and complete periodic retraining as required by the Alcohol, Drug Abuse, and Mental Health Program Office.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payment made to public agencies or private entities under other program authorities for this same purpose.

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CASE MANAGEMENT SERVICES

- A. Target Group: By invoking the exception to comparability allowed by 1915 (g) (1) of the Social Security Act, this service will be reimbursed when provided to persons who:
1. Are aged 18 or older that are Medicaid eligible.
 2. Are in need of case management services as evidenced by a physician's order.
 3. Have a serious emotional disturbance as indicated by a defined mental disorder diagnosable under DSM III-R or current edition.
 4. Are defined as a priority client in active status under sections 10E-15.031 and 10E-15.041, Florida Administrative Code.
 5. Have been approved for case management services by the district Alcohol, Drug Abuse and Mental Health Program Office.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

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D. **Definition of Services:** Case management is defined as those activities which assist eligible individuals in gaining access to needed medical, social, mental, educational and other support services. These activities may include but are not limited to:

1. The completion of an overall assessment of the individual's living situation, strengths and weaknesses, needs and resources and the strengths and weaknesses of the individual's support system;
2. The development of the individual's plan of care which comprehensively addresses his or her needs;
3. Linking the client with specified services and resources as identified in the service plan to the extent appropriate;
4. Advocating for the acquisition of services and resources as necessary to implement the service plan;
5. Coordinating the delivery of services as specified in the service plan;
6. Working with the clients, families and natural support system, as appropriate;
7. Monitoring service delivery to continually evaluate recipient status and the quality of service provided;
8. Periodic reviewing and updating of service plans and records, and documenting case management activities according to state standards and recipient needs.

E. **Qualifications of Providers:**

1. Case management providers must have a contract with the department to provide community mental health services and be certified by the district Alcohol, Drug Abuse and Mental Health Program Office as meeting the following criteria:
 - a. Adequate administrative ability to provide case management services to the target population.

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- b. Have the ability to recruit qualified case management staff to serve the target group and assure availability and accessibility of case managers;
 - c. Have knowledge^{Per 5-5-92 HCFA} of and comply with the statutes, rules and policies which affect the target population;
 - d. Have administrative capacity to insure quality of services in accordance with state and federal requirements;
 - e. Have established linkages with the resources available in the geographical area served;
 - f. Have adequate inservice training capability to assure competent case management knowledge, skills and abilities of all case managers;
 - g. Maintain individual and programmatic records which comply with state and federal documentation requirements, including the registration of case management clients;
 - h. Maintain a financial management capacity and systems that provide documentation of costs; and
 - i. Involve district Alcohol, Drug Abuse and Mental Health office staff in case management services related activities and be responsive to corrective action plans.
2. Individual case managers must be employed by an agency certified to provide case management services and meet the following qualifications:
- a. Must have a minimum of a baccalaureate degree from an accredited university, with major course work in the areas of psychology, social work, health education or a related human services field, or

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